श्री सभापति: नेक्स्ट क्वैश्चन। मैंने जान-बूझकर आपको मुर्गों की लड़ाई में नहीं डाला है। आपने क्वैश्चन पूछना चाहा था, लेकिन मुर्गों के मामले में मैंने जान-बूझकर आपको बीच में नहीं डाला। नेक्स्ट क्वैश्चन।

Medicines prescribed/disbursed by C.G.H.S. dispensaries

*503. SHRIMATI MOHSINA KIDWAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the list/names/details of the medicines that can be prescribed/ disbursed directly by the MO/CMO of C.G.H.S. dispensaries;

(b) the proportion of such medicines disbursed as compared to medicines disbursed through indent procedure on recommendation of Specialists, in terms of their cost value (latest available figures);

(c) whether it is a fact that the activity of dignosis and treatment has concentrated with the Specialists and the dispensaries are just centres for disburstment of medicines; and

(d) the remedial steps proposed, if any, to restore the real utility of the dispesaries?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (d) A Statement is laid on the Table of the House.

Statement

Starred question no. 503 for 19th May, 2006

(a) Medical Officers/Chief medical Officers of the CGHS dispensaries can prescibe all the drugs listed in CGHS formularies of Generic and Proprietary drugs. The lists are given in Annexure.

[*See Appendix*—207 *Annexure No* 14]

(b) A comparative statement indicating the expenditure incurred on purchase of drugs by CGHS through Medical Store Organisation (MSO)/ HSCC and by CGHS Medical Store Depots, on account of purchase of imported drugs and directly purchased costly drugs from the manufactures and the expenditure incurred on the local purchase of medicines for the year 2005-06 is given in the Statement-I (*See* below)

(c) In CGHS, medicines are disbursed only through the dispensaries Therefore, disbursment of medicines is an essential function performed at these dispensaries. However, the bulk of the patients visiting these dispensaries are treated by the medical officers on duty at these dispensaries. Patients are referred to specialists only for specialized treatment/investigations.

(d) In view of above, Question does not arise.

Statement-I

City wise comparitive statement on purchase of medicines through HSCC,GMSD, vis-a-vis expenditure on local purchase of medicines during the year 2005-06

Sl. No.	Name of the cities	Total Cost of drugs, procured through GMSD and HSCC & others (Rs. in Lakhs) for year 2005-2006	Cost of drugs procured through LP (Rs. in Lakhs) for year 2005-2006	Approximate percentage of procure-ment through GMSD & others for the year 2005-2006	Approximate percentage of procurment through LP for the year for 2005-2006
1	2	3	4	5	6
1.	Ahemdabad	20.00s	170.00	10.53	89.47
2.	Allahabad	153.91	225.82	40.53	59.47
3.	Banglore	108.73	542.19	17.00	83.00
4.	Bhopal	22.25	67.80	24.71	75.29
5.	Bubaneswar	5.44	80.55	6.33	93.67
6.	Chandigarh	73.84	246.00	23.09	76.91
7.	Chennai	160.06	393.89	28.89	71.11
8.	Dehradun	9.23	13.35	40.88	59.12
9.	Delhi	5456.82	8807.90	38.25	61.75
10.	Guwahati	83.48	128.32	39.42	60.58
11.	Hyderabad	268.9	3235.16	13.80	83.20
12.	Jabalpur	110.00	296.00	26.00	74.00
13.	Jaipur	53.97	280.31	16.15	83.85
14.	Kanpur	175.17	556.00	8.22	90.32
15.	Kolkatta	136.61	1467.53	8.52	91.48

1	2	3	4	5	6
16.	Lucknow	139.00	164.00	45.81	54.13
17.	Meerut	206.00	350.00	37.00	63.00
18.	Mumbai	176.00	628.00	21.89	78.11
19.	Nagpur	81.28	416.00	16.34	83.66
20.	Patna	19.67	167.55	10.51	89.49
21.	Pune	26.55	85.74	23.64	76.36
22.	Ranchi	9.21	142.00	6.09	93.91
23.	Shilong	26.44	3.33	88.82	11.18
24.	Trivendrum	43.20	157.27	21.55	78.45
	TOTAL:	7565.73	18624.71	28.89	71.11

SHRIMATI MOHSINA KIDWAI: Sir, my main concern behind this question is to ascertain the role of the entire network of the CGHS dispensaries in the country and particulary in Delhi. From the various reports, which are coming, it shows that the functioning of the CGHS is not at all satisfactory. The system is defective somewhere. So, I would like to know from the Minister what is the mechanism In place for keeping a record of medicines procured and dispersed in a CGHS dispensary. Should the Government not consider a better record management system and if possible, computerisation of the same in the interest of efficiency? So, what steps the Government is taking to ensure that the medicines dispersed therough indent procedures are not spurious. So Many reports are coming that the majority of the medicines supplied by the CGHS are spurious.

DR. ANUBMANI RAMDOSS: Sir, I share the concern of the hon. Member saying that the CGHS could be improved further. Sir, I would like to accept this as part of my submission and her advice also. Since we have taken over, we have tried to revamp the entire structure, modernise the structure,making it more efficient and on the those lines in fact, we had formed a Committee under former Health Secretary, Mr.R.K.Kaul and Shri Javed Chaudhary, DGHS. They were all part of the Committee. They had given the recommendations. The final reports are yet to come. But, then, we are trying to enforce the interim recommendations. One of them is computerisation which the hon. Member has been saying and, in fact we have started the process of computerisation in Laxmi Nagar, in Delhi dispensary. It is computerrised completely and after doing this we have found that it is a very, very efficent system to counteract the problems which the hon. Member is saying about supurious drugs, number of patients going there and accounting of the quality of drugs and the complete

managment of the whole system. By sitting in Nirman Bhawan, we could track what is happening. So, we are on the phase of computerisation in the entire CGHS network to prevent the misuse of the system. Not only that, Sir, we are going through other phases to revamp the entire structure. We are going through a phases. For claims, we are having a TPA, Third Party Administrator where the claims whithin Delhi will be given within seven to eight days. So, we are trying to mordernise the entire structure. So, lot of inputs have gone into the CGHS functioning. Definitely, we will take the advice of the hon. Member. Not only her advice, if she should come to our office, or, if I would meet her, we could still further improve the structure.

SHRIMATI MOHSINA KIDWAI: Sir, my second question is: as the Kaul Committee was constituted, what was the time limit for submitting their report? The other thing is, in the Performance Budget of 2006-07, there is a para."The European Commission is funding the study of the CGHS functioning to be conducted by the A.F. Ferguson and Company. The terms of Reference for this study has been finalized and the A.F. Ferguson and Company have accepted the Terms of Reference of study. The study has commenced and data collection is almost complete. The report is expected in the next three weeks." I want to ask the Minister whether they have recevied any report from Mr. Ferguson.

DR.ANBUMANI RAMDOSS: Sir, with regrad to the Kaul Committee's Report, in fact, Mr. Kaul himself is suffering from the cancer and it takes a little more time for him. He wanted a little more time to give a final report. The Ferguson study is part of Mr. P.K.Kaul's report. When the study is completed, definitely, I will give a copy of the complete report of both Kaul's and Fergusan's report to the hon. Member. Definitely, I will take her advice as to how we should further revamp the entire structure.

श्री सभापति: श्री विजय जे॰ दर्डा।

श्री विजय जे॰ दर्डा: धन्यवाद, आदरणीय महोदय। मैं स्वास्थ्य मंत्री जी से जानना चाहूंगा कि सी॰जी॰एच॰एस॰, जो लाखों कर्मचारियों को स्वास्थ्य-सम्बन्धी सुविधाएं प्रदान कर रही है तथा जिसमें प्लानिंग कमीशन ने भी चिन्ता व्यक्त की है कि कुछ समय पहले कुछ लोगों के यहां सी॰बी॰आई॰ के छापे पड़े हैं, इसको प्रभावी बनाने के लिए आप क्या कर रहे हैं? सी॰जी॰एच॰एस॰ के कई अस्पतालों में से एक अस्पताल आर॰के॰पुरम में है, जो महिलाओं के लिए है। इसकी हालत बहुत खराब है। यहां का स्टाफ, विशेष रूप से जो पैरा मेडिकल स्टाफ है, वह लोगों के साथ बदसलूकी करता है ...(व्यवधान)...

श्री सभापति: एक-एक हॉस्पिटल के मामले में मत जाइए, महोदय, । ...(**व्यवधान**)... हॉस्पिटल के मामले मैं मत जाइए। ...(**व्यवधान**)...

श्री विजय जे॰ दर्डा: तथा कायदे से इलाज नहीं मिल पाता है। कई महीनों से वहां की लिफ्ट खराब है। मरीजों के लिए व्हील चेयर नहीं है...(**व्यवधान**)...

श्री सभापति: आप क्वैश्चन कर लीजिए। क्वैश्चन कर लीजिए...(**व्यवधान**)...

श्री विजय जे॰ दर्डा: क्वैश्चन ही है, सर। ...(**व्यवधान**)...

श्री सभापति: हॉस्पिटल की बात मत करिए। ...(**व्यवधान**)... क्वैश्चन करिए।

श्री विजय जे॰ दर्डा: तो इस दृष्टि से, वहां ऐसी स्थिति में अस्पतालों और डाक्टरों को जवाबदेह बनाने के लिए आप क्या करेंगे?

DR. ANBUMANI RAMDOSS: Sir, with regard to the pointed question raised by the hon. Member, I would say that we will, definitely, look into the problem of the said dispensary. As I said, we are trying to completely revamp the entire structure. If any doctor is found to be acting in an arbitrary manner, we will take drastic steps against that doctor.

In fact, with regard to the previous question, I would say that P.K. Kaul Committee was appointed for three months. As I said, he is ill. So, we have to extend this.

And, as far as Ferguson's Report is concerned, it has been submitted and I will send a copy to the hon. Member.

National river conservation plan

*504. SHRI ABU ASIM AZMI: Will the Minister of ENVIRONMENT AND FORESTS be pleased to state:

(a) whether the National River Conservation Plan is under implementation in the country;

(b) if so, the total funds released by Government so far, under this plan utilized by the concerned State Governments;

(c) how far the scheme has been completed most particularly Ganga and Yamuna Action Plan; and